

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/572790

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3				1		
4				1		
5				1		
6				1		
7				1		
8				1		
9				1		
10				1		
11				1		
12				1		
13				1		
14				1		
15				1		
16				1		
17				1		
18				1		
19				1		
20				1		
21				1		
22				1		
23				1		
24			1			
25			1			
26				2		
27				2		
28				2		
29				2		
30				1		
31				1		
32				1		
33				1		
34				1		
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36				1		
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48						
49						
50						
TOTAL IND.		↓	3	↓		↓
TOTAL DEP.		↙	37	↙		↙
TOTAL CLAIMS			40			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↙		↙		↙
TOTAL CLAIMS						